

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-06-2

To: All CFSA Staff

From: Uma Ahluwalia, Interim Director

Date: March 17, 2006

Re: Communicable Disease Containment and Prevention Protocols

This administrative issuance offers immediate guidance to CFSA staff regarding the containment of, and prevention of exposure to, communicable diseases on CFSA premises as well as in the field. Following are guidelines related to transporting clients that may have been exposed to a communicable disease, isolation of persons (client and/or staff), and guidelines for containment in the event of initial contact.

If there are any questions regarding this administrative issuance, please contact the Deputy Director for the Office of Clinical Practice.

For the purposes of this administrative issuance, the following key terms shall be defined:

- A. **Communicable Disease** – acute or chronic infectious condition that is capable of being transmitted from one person to another. Infections are caused by viruses, bacteria, parasites and fungi.
- B. **Universal Precautions** – guidelines to be followed to prevent the spread of infectious disease include the utilization of:
 - hand hygiene (frequent hand washing)
 - clean, non-sterile gloves
 - surgical masks.
- C. **Transmission** – the transfer of a disease from one individual to another by one or more of the following modes:
 - **Airborne Transmission** – due to tiny suspended droplets containing microorganisms - e.g. chickenpox, tuberculosis, and measles.
Hand hygiene and a mask should be utilized for the protection of mucous membranes of the nose and mouth.
 - **Droplet Transmission** – due to the propulsion of microorganisms through sneezing, coughing, talking – e.g. strept throat, scarlet fever, influenza (flu), meningitis, whooping cough.
Hand hygiene and a mask should be utilized for the protection of mucous membranes of the nose and mouth.
 - **Contact Transmission** – due to skin contact with infected skin, body fluids or blood, contaminated surfaces, clothing, etc – e.g. pink eye, ringworms, lice, scabies, impetigo, diarrhea and respiratory infections. Gloves and hand hygiene following the removal of the gloves should be utilized to prevent contact with the skin and the spread of infection.

- D. **Exposure** – the condition of being subjected to infectious agent(s) which may have a harmful effect.
- E. **Isolation** – the separation of a potentially infected individual from those uninfected.

General Guidelines regarding Containment of and Prevention of Exposure to a Communicable Disease:

1. All staff are encouraged to inform their physician(s) of their place of employment and obtain timely and appropriate vaccinations as necessary to be safeguarded against the transmission of communicable diseases. Persons who have been diagnosed with a chronic disease or have been medically deemed immune-compromised, and female staff of childbearing age are particularly encouraged to consult with their physicians.
2. If a client/child presents to the Child and Family Services Agency with symptoms of a communicable disease, the social worker shall immediately notify the Office of Clinical Practice (OCP) on call Health Services clinician at 202-498-8456 and obtain immediate guidance as to universal/isolation precautions for the infected client. This shall include direction on how to conduct physical contact, isolation requirements (jointly identified by the Facilities Management Administration), and transport to medical facility.
3. If a social worker observes symptoms believed to be caused by a communicable disease on a client or on others in constant contact with the client (caregiver, other children) during a field visit to an in-home case or the home of a resource parent/guardian/caregiver/congregate provider, the social worker shall advise the resource parent/guardian/caregiver/congregate provider to contact their primary care provider for an urgent office appointment or recommendation to an emergency room. Upon completion of that visit, the social worker shall document the observation in FACES on the Medical Screen, and follow-up with the caregiver to insure appropriate medical attention is provided.
4. Social workers shall not under any circumstance bring children with a potential communicable disease to any of the CFSA facilities.
5. Children entering care with symptoms of a possible communicable disease shall be taken directly to the Children's National Medical Center (CNMC) where the symptoms will be evaluated as part of the pre-placement medical screening examination.
6. In the event that the social worker must transport the potentially infected client for medical attention, social workers are strongly advised to utilize the safety kits placed in each government vehicle by the Facilities Management Administration in order to reduce the risk of transmission to the social worker and others. The safety kits shall include:
 - a. Non sterile gloves
 - b. Hand sanitizer
 - c. Covering for the seats of the car
 - d. Surgical masks
 - e. Plastic caps (to be used in the event that the child has head lice and/or ringworm); and
 - f. Lysol Aerosol
7. In the event that a child(ren) exhibits coughing as part of a potential communicable disease, the social worker shall use the surgical mask on the child to contain transmission of the disease. Likewise, if the child(ren) exhibits dermatological symptoms suggestive of scabies or ringworm, the social worker shall cover the child's affected areas (head –with a plastic cap, arms – with long sleeve clothing, etc.) to prevent transmission.
8. When transporting a potentially infected child, the social worker shall inform Facilities Management so that the vehicle can be immediately detailed and restocked with a safety kit.

9. If CFSA staff and/or clients are exposed to a communicable disease, the Office of Clinical Practice on call Health Services clinician at 202-498-8456 shall advise of the need for affected individuals to seek medical attention.
10. In collaboration with the delegated Office of Clinical Practice Health Services Division clinician, the social worker shall obtain the following information on any child diagnosed with an infectious disease which for epidemiologic and tracking purposes, must be reported to the District of Columbia Health Department. (See the attached Title 22. Public Health and Medicine, Chapter 2. Communicable and Reportable Diseases)
 - a. Child's name
 - b. Address
 - c. Date of birth
 - d. Age
 - e. Sex
 - f. Ethnicity
 - g. Country of birth
 - h. Pre-existing medical condition(s)
 - i. Vaccination history
 - j. Past medical history (to include information on previous communicable diseases)
11. Official notifications regarding possible exposure of staff to a communicable disease shall be made only by the Deputy or Medical Director of the Office of Clinical Practice. Any communications identifying persons who may or may not be affected by a communicable disease or any other medical condition is strictly prohibited and may be prosecuted as a violation of law.
12. The Deputy or Medical Director of the Office of Clinical Practice shall immediately notify the Office of Risk Management and Facilities Management of the discovery of a communicable disease to ensure timely and safe containment of the identified disease.
13. In the event of exposure to a communicable disease, and the exposed person (social worker or other CFSA personnel) is unable to complete an Unusual Incident Report, the social work supervisor shall complete the Unusual Incident Report and submit it to the CFSA Office of Risk Management.
14. Social workers shall exercise sensitivity to the greatest extent possible when in contact with children exhibiting symptoms of a potential communicable disease. This includes consideration of language (how the child is referenced), ways in which the child is physically handled and demonstration of empathy and concern.

TITLE 22. PUBLIC HEALTH AND MEDICINE
CHAPTER 2. COMMUNICABLE AND REPORTABLE DISEASES

CDCR 22-201 (2005)

22-201. COMMUNICABLE DISEASES

201.1 The following diseases shall be considered communicable diseases and shall be reported by telephone to the Director within two (2) hours of provisional diagnosis, or the appearance of suspicious symptoms:

- (a) Animal bites;
- (b) Anthrax;
- (c) Botulism;
- (d) Cholera;
- (e) Diarrhea of the newborn, infectious;
- (f) Diphtheria;
- (g) Food-borne disease;
- (h) Meningococcal infections;
- (i) Plague;
- (j) Rabies of man and animal;
- (k) Severe Acute Respiratory Syndrome (SARS);
- (l) Smallpox;
- (m) Staphylococcal infections acquired in hospitals and in newborns;
- (n) Streptococcal infections of the newborn;
- (o) Typhus fever;
- (p) Yellow fever; and
- (q) An unusual occurrence of any disease.

201.2 The telephone report required by § 201.1 shall be confirmed in writing within twenty-four (24) hours in the manner indicated in § 200 of chapter 2 of this title.

201.3 The following diseases shall be considered communicable diseases and shall be reported by telephone to the Director within twenty-four (24) hours of provisional diagnosis, or the appearance of suspicious symptoms:

- (a) Aseptic meningitis syndrome;
- (b) Cryptococcosis;
- (c) Dengue;
- (d) Leprosy;
- (e) Poliomyelitis;
- (f) Psittacosis;
- (g) Relapsing fever, louse-borne; and
- (h) Salmonella infections, including typhoid fever and paratyphoids.

201.4 The telephone report required by § 201.3 shall be confirmed in writing within forty-eight (48) hours of diagnosis in the manner indicated in § 200 of chapter 2 of this title.

201.5 The following diseases shall be considered communicable diseases and shall be reported in writing within forty-eight (48) hours of diagnosis or the appearance of suspicious symptoms in the manner indicated in § 200 of chapter 2 of this title.

- (a) Human Immunodeficiency Virus (HIV) infection;
- (b) Amebiasis;
- (c) Brucellosis;
- (d) Dysentery, bacillary;
- (e) Encephalitis;
- (f) German measles;
- (g) Glanders;
- (h) Hepatitis, infectious and serum;
- (i) Leptospirosis;
- (j) Malaria;
- (k) Rheumatic fever;
- (l) Ringworm of the scalp;
- (m) Rocky Mountain spotted fever;
- (n) Streptococcal infections, hemolytic;
- (o) Tetanus;
- (p) Trachoma;
- (q) Trichinosis;
- (r) Tuberculosis;
- (s) Tularemia;
- (t) Venereal diseases, including chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, and syphilis; and
- (u) Whooping cough.

201.6 The following diseases and any other communicable diseases occurring as an outbreak of illness or toxic conditions, regardless of etiology, in an institution or other identifiable group of people shall be considered communicable diseases, but only when they occur in unusual numbers:

- (a) Chickenpox;
- (b) Enterobiasis (pinworm);
- (c) Glandular fever, infectious;
- (d) Histoplasmosis;
- (e) Impetigo contagiosa;
- (f) Influenza;
- (g) Kerato-conjunctivitis;

- (h) Mumps;
- (i) Pediculosis;
- (j) Pneumonia; and
- (k) Scabies.

201.7 The number of cases defined as a communicable disease in § 201.6 shall be reported by telephone to the Director within twenty-four (24) hours of diagnosis or the appearance of suspicious symptoms.

201.8 The telephone report required in § 201.7 shall be confirmed in writing, if required by the Director, in the manner required by the Director.

History of Regulations since Last Compilation by Agency (August 1986)

August 1, 2003 22 *DCMR* 201.1, 299.1 amended at 50 DCR 6169 by the Department of Health; statutory authority *D.C. Code* § 7-131, Mayor's order 98-141

June 13, 2003 22 *DCMR* 201.1, 299.1 emergency at 50 DCR 4758 by the Department of Health; statutory authority D.C. Official Code § 7-131(a), Mayor's Order 98-141 [EXPIRED]

December 29, 2000 22 *DCMR* 201, 205, 206, 211 amended at 47 DCR 10209 by the Department of Health